BIRTH MO. REG. DIST. MO. 318 PRIMARY REG. DIST. MO. 003 Registrar's No. 1. PLACE OF DEATH a. COUNTY b. CITY (If creticals corporate limits, write RURAL and give township) b. CITY (If creticals corporate limits, write RURAL and give township) C. LENGTH OF OR STAY (in this place) G. FULL NAME OF (If so is in hospital or insultation, give storest address or	FIED FEB 3 1950 THE DIVISION OF HEALTH OF MISSOURI 2755			
1. PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY COUNTY b. COUNTY coverable) 1. CITY (If coulded corporate limits, write RURAL and give coverable) COUNTY coverable) COUNTY COUNT	-696			
OR TOWN St. Louis. Command of City and in biasplate Command of City and in Book Command of City and				
NOSPITAL OR INSTITUTION 4359 Taft Ave., NOSPITAL OR INSTITUTION 4359 Taft Ave., NAME OF DECEASED (Type or Print) Even geline Even (Month) DECEASED (Type or Print) Even geline Even (Month) S. SEX 6. COLOR OR RACE 7. MARRIED. NEVE MARRIED. 1. MONTHER SOR IN. 1. MO	11p) 4350			
S. SEX 6. CCLOR OR RACE 7. MARRIED. NEVER MARRIED. NEVER MARRIED. NO. 8. DATE OF BIRTH 9. AGE (In year) 100 to 100 t	•			
5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, NEW MARRIED, NEVER MARRIED, NEVER MARRIED, NEW MARRIED, NEVER MARRIED, NEVER MARRIED, NEW MARRIED, NEW MARRIED, NEVER MARRIED, NEW MARRIED, NEVER MARRIED, NEW MARRIED, NEVER MARRIED, NEW MARRIED, NEW MARRIED, NEW MARRIED, NEW MARRIED, NAME OF HUSBAND OR WITHER MARRIED, NEW	(Day) (Year) 23. 1950			
10b. USUAL OCCUPATION (citve kind of work floor during most of working life over it rectived) 10b. KIND OF BUSINESS OR IN. DUSTRY S. Bradford, N. Y. 3a. FATHER'S NAME ABYON FULKETSON 13b. MOTHER'S MAIDEN NAME SAYAH BOOTH SAYAH BOOTH SAYAH BOOTH 14. NAME OF HUSBAND OR WIFE Walter E. Lyon, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves. navog nahowa) If yes, strew was or dates of service) 16. SOCIAL SECURITY NOTE 17. INFORMANT'S SIGNATURE OR NAME Leslie W. Lyon, 7415 Carle MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) *This does not mean the discusse or conditions, if any, citing DUE TO (b) *This does not mean the discusse or conditions, if any, citing DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discuse or condition consting death. 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT SIGNIFICANT CONDITIONS 21c. ACCIDENT SIGNIFICANT CONDITIONS 21c. ACCIDENT SIGNIFICANT CONDITIONS 21d. TIME (Moesth) 10bs: 10bs: 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition consting death. 11. DISEASE OR CONDITIONS Conditions contributing to the death but not related to the disease or condition consting death. 12c. ACCIDENT SIGNIFICANT CONDITIONS 21d. ACCIDENT SIGNIFICANT CONDITIONS 21d. TIME MOORK 10bs: 10c. CITY, TOWN, OR TOWNSHIP) 21d. TIME MOORK 11 DISEASE 12d. (CITY, TOWN, OR TOWNSHIP) MOORK 11 DISEASE 21d. TIME MOORK 11 DISEASE 12d. (CITY, TOWN, OR TOWNSHIP) 12d. TIME MOORK 11 DISEASE 12d. TIME MOORK 12d. ACCIDENT MOORK 12d. ACCIDENT MOORK M				
13b. MOTHER'S MAIDEN NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE SAPAN BOOTH Walter E. Lyon, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME (17 yrs., given was or dates of service) NONE N	2. CITIZEN OF WHA			
(Yes. mayor quaknown) (If yes, sive war or dates of service) NONE NO. Leslie W. Lyon, 7415 Carles 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) "This does not mean the mode of dring, such as heart foliure, asthemia, etc. It means the discussed death. In OTHER SIGNIFICANT CONDITION DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition cousing death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21c. (Nosth) (Day) (Year) (Hour) 21c. INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OCCURRED INJURY OF WHILE INJURY OCCURRED OF INJURY OF WHILE INJURY OCCURRED OF INJURY OCCURRE				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the time most of dying, such as heart fellure, exthenia, etc. It means the discussion of the above cause (a) stating the underlying cause last. *DUE TO (c) 10. OTHER SIGNIFICANT CONDITIONS Craditions contributing to the death but not related to the disease or condition couring death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about DIT HOW) 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21. I hereby certify that I attended the deceased from: ANTECEDENT (a) Significant (County) DUE TO (b) DUE TO (c) 10. OTHER SIGNIFICANT CONDITIONS Craditions contributing to the death but not related to the disease or condition counting death. 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) WHILE AT WORK 10. OTHER SIGNIFICANT COURRED (WHILE AT WORK 11. OTHER SIGNIFICANT COURRED (WHILE AT WORK 11. OTHER SIGNIFICANT COURTED (WHILE AT WOR	ADDRESS eton Ave			
TION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about NUICIDE HOMICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY). 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE 19 How DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. How DID INJURY OCCUR?	Syrs			
21d. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR?	20. AUTOPSY?			
22. I hereby certify that I attended the deceased from 0.40	1500			
alive on Jan and that death occurred at I a m. from the causes and on the date stated				
23e SIGNATURE (Define or tifle) 23b. ADDRES	22. I hereby certify that I attended the deceased from 1040 1947, to 2012, 1950, that I last saw the decease alive on 2012 and on the date stated above.			
- Whiteling was 4 5 xwors	23c. DATE SIGNED			
24a. BURIAL. CREMA 24b. DATE 24c. DANE OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or country) Cremation 1 1/23/50 Yalhalla Crematory St. Louis, Mo.				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDITIONAL ADDITIONAL PROPERTY AND ADDITIONAL	ndell Bly			

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STATEMENT BY LICENSED EMBALMER

Student Student Embalmer	$\sqrt{\rho}$	Licensed Embalmer No.
•	•.	P. O. Address

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

working under my personal supervision.